

## (1) PLACE OF BIRTH

County of DorchesterTownship of Mechanicor  
Inc. Town of .....

City of .....

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Elen Brown

File No.—For State Registrar Only

42027

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

Registration District No. 1507 Registered No. 53

(For use of Local Registrar)

(3) BOY OR GIRL? Girl (4) Twin or Triplet? (5) Number in order of birth

(Take answer only in case of Twins or Triplets)

(6) Are Parents Married? Yes(7) DATE OF BIRTH Dec 22 1922  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Luther Brown(9) PRESENT POSTOFFICE OF FATHER Dorchester S.C. R.R. 3(10) COLOR OR RACE Brown (11) AGE AT LAST BIRTHDAY 25  
(Years)(12) BIRTHPLACE South Carolina(13) OCCUPATION Iron laborer

(14) Number of children born to mother, including present birth

## MOTHER

(14) NAME BEFORE MARRIAGE Laurie Bowton(15) PRESENT POSTOFFICE OF MOTHER Dorchester S.C. R.R. 3(16) COLOR OR RACE Brown (17) AGE AT LAST BIRTHDAY 22  
(Years)(18) BIRTHPLACE South Carolina(19) OCCUPATION Iron laborer

(21) Number of children of this mother now living, including present birth

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was born alive at 5:30 a. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) John T. Goff

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

even name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 25 is signed)

(27) (Signature) E. A. Early (28) Local Registrar

When there was no attending physician or midwife, then the father, householder, etc., should make this return. If a child breathes even once, it must be reported as stillborn. No reports desired of stillbirths before the sixth month of pregnancy.